Phone: 800-829-5461 Fax: 937-813-2757

CLIENT INTAKE APPLICATION

Referral Source Agency & Contact Information:

Level of Care Currently in:

Location for services:

Name: Preferred Name:

Date of Birth: Identify as:

Social Security Number: - -

Phone Number: - -

Address:

City: State: Zip Code:

Insurance Plan: Member ID:

Do you have a guardian or someone who must make medical decisions for you? Yes or No

If so, give a brief description:

Diagnosis (Substance Use):

How long have you been clean and sober:

Your current service Provider:

Your anticipated intake date:

Have you ever been admitted to a nursing home, drug treatment or rehabilitation facility? Yes or No

If so, list below:

Where	Why	When

Clinical/Medical Screening

Have you ever been diagnosed with any of the following?

Check if yes:	When were you diagnosed?	By whom?
Schizophrenia Yes ______		
Schizoaffective Disorder Yes ______		
Bipolar Disorder Yes ______		
Depression Yes ______		
Anxiety Disorder Yes ______		
PTSD Yes ______		
Other Mental Health Disorder-Specify:		

Are you currently linked with a provider for mental health treatment? If so, who?

Have you ever been hospitalized for mental health reasons? If so, list below:

Where	Why	When

Do you have any history of suicidal ideations or attempts? **Yes** or **No** If so, give a brief description:

Do you have any history of self-harming? **Yes** or **No** If so, give a brief description:

Have you had any recent auditory or visual hallucinations? **Yes** or **No** If so, please give more detail:

Are you on any long-acting injectable antipsychotic medications? **Yes** or **No** If so, list here:
Example: (Risperdol Consta, Aristada, Ability Maintena, Invega Sustenna, etc)

Are you currently receiving any medication assisted treatments? If so, list below:

Suboxone or Sublocade	Vivitrol
Subutex	Methadone
Other:	Dosage Amount:

Are you currently prescribed any mental health or any other medications? If so, list below or please attach an updated medication list.

Medications:	Indication:

Do you suffer from any chronic pain and/or need pain management? **Yes** or **No** If yes, explain?

Are you diabetic? **Yes** or **No** If yes, **Type I** or **Type II**
Medication for diabetes:

Do you have any mobility issues (walking, stairs, bunkbeds) or do you have trouble sitting for long periods of time? **Yes** or **No** If yes, explain:

Do you have asthma? **Yes** or **No** If yes, what medications (if any) do you take?

Do you have any history of seizures or a seizure disorder? **Yes** or **No** If yes, explain:

Any other medical concerns? (e.g., are you on blood thinners, have a history of heart attack or stroke, diagnosed with Hepatitis C or HIV, or pregnant and if so, how far along):

List all past surgeries:

What surgery	Why	When

LEGAL INVOLVEMENT

Have you ever been a registered sex offender or charged with a sexual offense: **Yes** or **No**

Are you a targeted violent offender?	**Yes** or **No**
Have you ever been a registered arsonist?	**Yes** or **No**
Currently on probation or parole?	**Yes** or **No**
Currently incarcerated?	**Yes** or **No**

If yes, provide the following information:

Charges:

Court(s):

Probation/Parole Officer:

Phone Number or Email:

Reporting Requirements:

Do you need housing? **Yes** or **No**

Do you have your own vehicle? **Yes** or **No**

If yes, do you have a valid license? **Yes** or **No**

If yes, do you have valid insurance? **Yes** or **No**

Please include and/or attach if you have:

- Referral/Screening Form
- Signed Release of Information (Referring Agency Relase of Information)
- Progress Note (last completed)
- Most Recent Medical Labs
- Most Recent Medication Lists
- Discharge Summary
- Most Recent Substance Abuse Assessment
- Copy of Terms and Conditions of Probation/Parole if Applying for Re-Entry

Please Submit to:

By Mail: Clinical Security & Logistics Inc. Outreach Dept. 6788 Loop Road, Centerville, OH 45459

By Fax: 937-813-2757

By Email: kyates@ohiofullcircle.com
info@ohiofullcircle.com
outreachapplications@ohiofullcircle.com

Hours of Operation:
Monday - Friday 8:00AM - 4:30PM